

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS							TOTAL CLAIMS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP							
1							51						
2							52						
3							53	1					
4							54		1				
5							55			1			
6							56			1			
7							57	1					
8		1					58		1				
9		1					59		1				
10		1					60		1				
11		1					61		1				
12		1					62		1				
13		1					63		1				
14	1						64		1				
15	1						65		1				
16	1						66		1				
17	1						67		1				
18	1						68		1				
19	1						69		1				
20	1						70		1				
21	1						71		1				
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27	1						77		1				
28	1						78		1				
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41	1						91		1				
42	1						92		1				
43	1						93	1					
44	1						94		1				
45	1						95		1				
46	1						96		1				
47	1						97		1				
48	1						98		1				
49	1						99		1				
50	1						100		1				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

AS FILED	AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP
1		1		
2		1		
3	1			
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TOTAL IND.

29

TOTAL DEP.

21

TOTAL CLAIMS

50

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.

29

TOTAL DEP.

21

TOTAL CLAIMS

50